

filed

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1	4				
55	1					
56	1					
57	1					
58	1					
59	1					
60	0					
61	1					
62	1					
63	1					
64	1					
65	1					
66	1					
67	1					
68	1	1				
69	1	1				
70	5	5				
71	5	5				
72	5	5				
73	1	3				
74	1					
75	1					
76	1					
77	1					
78	5	5				
79	5	5				
80	5	5				
81	1					
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92	1					
93	1					
94	1					
95	1					
96	1					
97	1	1				
98	1					
99						
100						
TOTAL IND.	30					
TOTAL DEP.	46					
TOTAL CLAIMS	76					